

Text Version

☐ 1: N Engl J Med. 1999 Mar 4;340(9):685-91.

Rela

Entrez PubMed Overview Help | FAQ Tutorial New/Noteworthy E-Utilities

PubMed Services Journals Database MeSH Database Single Citation Matcher **Batch Citation Matcher** Clinical Queries LinkOut Cubby

Related Resources Order Documents **NLM Catalog NLM Gateway** TOXNET Consumer Health Clinical Alerts ClinicalTrials.gov PubMed Central

Comment in:

- ACP J Club. 1999 Jul-Aug;131(1):13.
- N Engl J Med. 1999 Aug 19;341(8):610-1.
- N Engl J Med. 1999 Oct 7;341(15):1157-8.

Full text article at content.nejm.org

A controlled trial of sustained-release bupropion, a nicotine pate for smoking cessation.

Jorenby DE, Leischow SJ, Nides MA, Rennard SI, Johnston JA, Hughes SS, Muramoto ML, Daughton DM, Doan K, Fiore MC, Baker TB.

Center for Tobacco Research and Intervention, University of Wisconsin Med Madison, USA.

BACKGROUND AND METHODS: Use of nicotine-replacement therapies a antidepressant bupropion helps people stop smoking. We conducted a double placebo-controlled comparison of sustained-release bupropion (244 subjects) patch (244 subjects), bupropion and a nicotine patch (245 subjects), and place subjects) for smoking cessation. Smokers with clinical depression were exclu Treatment consisted of nine weeks of bupropion (150 mg a day for the first tl then 150 mg twice daily) or placebo, as well as eight weeks of nicotine-patch mg per day during weeks 2 through 7, 14 mg per day during week 8, and 7 m during week 9) or placebo. The target day for quitting smoking was usually c RESULTS: The abstinence rates at 12 months were 15.6 percent in the place compared with 16.4 percent in the nicotine-patch group, 30.3 percent in the t group (P<0.001), and 35.5 percent in the group given bupropion and the nico (P<0.001). By week 7, subjects in the placebo group had gained an average c compared with a gain of 1.6 kg in the nicotine-patch group, a gain of 1.7 kg i bupropion group, and a gain of 1.1 kg in the combined-treatment group (P<0 gain at seven weeks was significantly less in the combined-treatment group t bupropion group and the placebo group (P<0.05 for both comparisons). A tot subjects (34.8 percent) discontinued one or both medications. Seventy-nine s stopped treatment because of adverse events: 6 in the placebo group (3.8 per nicotine-patch group (6.6 percent), 29 in the bupropion group (11.9 percent), combined-treatment group (11.4 percent). The most common adverse events insomnia and headache. CONCLUSIONS: Treatment with sustained-release alone or in combination with a nicotine patch resulted in significantly higher

cb

h

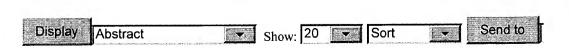
cb

rates of smoking cessation than use of either the nicotine patch alone or place Abstinence rates were higher with combination therapy than with bupropion difference was not statistically significant.

Publication Types:

- Clinical Trial
- Randomized Controlled Trial

PMID: 10053177 [PubMed - indexed for MEDLINE]



Write to the Help Desk

NCBI | NLM | NIH

Department of Health & Human Services

Privacy Statement | Freedom of Information Act | Disclaimer

Dec 13 2004 14:18:14